

F18000002885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

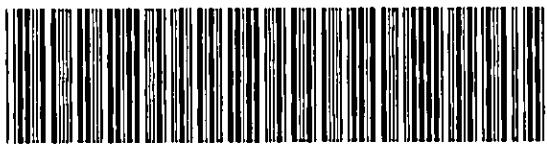
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



600314035576

06/31/16--01020--017 4470.00

Office Use Only

J J FEGGETT
JUN 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marissa Lybarger Foundation Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Diane Lybarger

Name of Person

Marissa Lybarger Foundation

Firm/Company

1433 Mission Dr W

Address

Clearwater, Florida 33759-2744

City/State and Zip Code

dmlybarger@bclplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Kehrer at (314) 259-2063
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Marissa Lybarger Foundation Inc.

1. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 83-0695520
3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 29, 2018 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
7. (Principal office address)
1433 Mission Dr W, Clearwater, FL 33759-2744

(Current mailing address, if different)

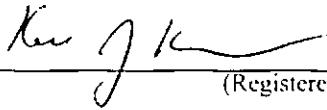
8. Foundation operates exclusively for charitable, educational, and other purposes within the meaning of IRC § 501(c)(3).
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bryan Cave Leighton Paisner LLP
Office Address: 200 South Biscayne Boulevard, Suite 400
Miami, Florida 33131-5354
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Diane Lybarger

Chairman: _____
Address: _____
1433 Mission Dr W
Clearwater, FL 33759

Vice Chairman: _____
Address: _____

Tracy Lybarger

Director: _____
Address: _____
1433 Mission Dr W
Clearwater, FL 33759

Kim Siefkas

Director: _____
Address: _____
1433 Mission Dr W
Clearwater, FL 33759

B. OFFICERS

Diane Lybarger

President: _____
Address: _____
1433 Mission Dr W, Clearwater, FL 33759

Vice President: _____

Address: _____

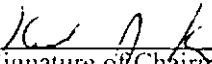
Diane Lybarger

Secretary: _____
Address: _____
1433 Mission Dr W, Clearwater, FL 33759

Assistant Secretary: Keith Kehrer
Address: _____

211 North Broadway, Suite 3600, St. Louis, MO 63102
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Keith Kehrer, Assistant Secretary

14. _____
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

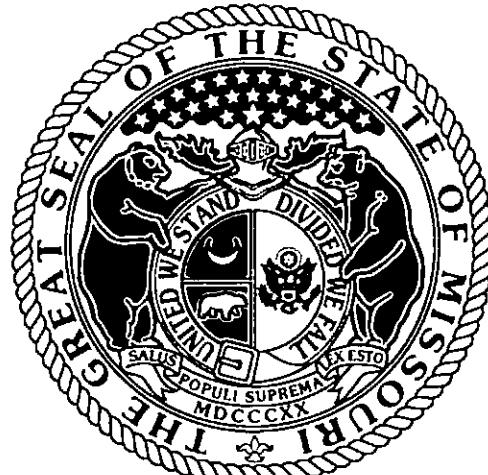
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MARISSA LYBARGER FOUNDATION
N000708572

was created under the laws of this State on the 29th day of May, 2018, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 29th day of May, 2018.

A handwritten signature of John R. Ashcroft in black ink. Below the signature, the text "Secretary of State" is printed in a smaller, bold font.



Certification Number: CERT-05292018-0114